# HB4970

LRB093 18795 DRJ 44529 b

## 93RD GENERAL ASSEMBLY

## State of Illinois

## 2003 and 2004

Introduced 02/05/04, by Rosemary Mulligan

## SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5.12 from Ch. 23, par. 5-5.12

Amends the Illinois Public Aid Code. Makes technical changes in a Section concerning pharmacy payments under the Medicaid program.

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A BILL FOR

AN ACT in relation to public aid.

**Be it enacted by the People of the State of Illinois, represented in the General Assembly:**

Section 5. The Illinois Public Aid Code is amended by changing Section 5-5.12 as follows:

(305 ILCS 5/5-5.12) (from Ch. 23, par. 5-5.12)

Sec. 5-5.12. Pharmacy payments.

(a) Every request submitted by a pharmacy for reimbursement under this Article for prescription drugs provided to a recipient of aid under this Article shall include the name of the prescriber or an acceptable identification number as established by the Illinois Department.

(b) Pharmacies providing prescription drugs under this Article shall be reimbursed at a rate that includes ~~which shall include~~ a professional dispensing fee as determined by the Illinois Department, plus the current acquisition cost of the prescription drug dispensed. The Illinois Department shall update its information on the acquisition costs of all prescription drugs no less frequently than every 30 days. However, the Illinois Department may set the rate of reimbursement for the acquisition cost, by rule, at a percentage of the current average wholesale acquisition cost.

(c) Reimbursement under this Article for prescription drugs shall be limited to reimbursement for 4 brand-name prescription drugs per patient per month. This subsection applies only if (i) the brand-name drug was not prescribed for an acute or urgent condition, (ii) the brand-name drug was not prescribed for Alzheimer's disease, arthritis, diabetes, HIV/AIDS, a mental health condition, or respiratory disease, and (iii) a therapeutically equivalent generic medication has been approved by the federal Food and Drug Administration.

(d) The Department shall not impose requirements for prior

approval based on a preferred drug list for anti-retroviral, anti-hemophilic factor concentrates, or any atypical antipsychotics, conventional antipsychotics, or anticonvulsants used for the treatment of serious mental illnesses until 30 days after it has conducted a study of the impact of such requirements on patient care and submitted a report to the Speaker of the House of Representatives and the President of the Senate.

(Source: P.A. 92-597, eff. 6-28-02; 92-825, eff. 8-21-02; 93-106, eff. 7-8-03.)